

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

8/38/07 CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/		/	
2	/		/		/	
3	2		2		2	
4	1		1		1	
5	1		1		1	
6	1		1		1	
7	0		1		1	
8	0		1		1	
9	0		1		1	
10	0		1		1	
11	0		1		1	
12	0		1		1	
13	0		2		2	
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50						
TOTAL IND.			1			
TOTAL DEP.			14		14	
TOTAL CLAIMS			15		15	

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						